

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: RADIOLABELED ANNEXINS

Attorney Docket Number:: 690022.525C9

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Sudhakar
Middle Name::	
Family Name::	Kasina
Name Suffix::	
City of Residence::	Mercer Island
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	8215 East Mercer Way
City of mailing address::	Mercer Island
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98040

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	M
Family Name::	Reno
Name Suffix::	
City of Residence::	Brier
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	2452 Elm Drive
City of mailing address::	Brier
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98036

**Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Louis
Middle Name::	J
Family Name::	Theodore
Name Suffix::	
City of Residence::	Lynnwood
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	622 - 152nd Place
City of mailing address::	Lynnwood
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98037

**Correspondence Information**

Correspondence Customer Number :: **00500**  
 Phone number:: 206.622.4900  
 Fax Number: 206.682.6031  
 E-Mail address:: richards@SeedIP.com or  
 rsharkey@SeedIP.com

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	10/455,935	06/06/03
10/455,935	Continuation	09/632,387	08/03/00
09/632,387	Continuation	09/291,823	04/14/99
09/291,823	Continuation	08/690,184	07/26/96
08/690,184	Continuation-In-Part	08/351,653	12/07/94
08/351,653	Continuation-In-Part	08/261,064	06/16/94
08/261,064	Continuation-In-Part	08/185,660	01/24/94

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	NeoRx Corporation
Street of mailing address::	300 Elliott Avenue West, Suite 500
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98119

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